



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	000166.0109-US01
	First Named Inventor	David Edwards
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/268,059-Conf. #9536
	Filing Date	October 10, 2002
	Art Unit	N/A
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALATION DEVICE AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 10/10/2002 as United States Application Number or PCT International Application No.

10/268,059

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		26853	OR <input type="checkbox"/> Correspondence address below	
Name <b>COVINGTON &amp; BURLING</b>				
Address <b>1201 Pennsylvania Avenue, NW</b>				
City <b>Washington</b>		State <b>DC</b>	ZIP <b>20004-2401</b>	
Country <b>USA</b>	Telephone <b>202.662.6000</b>		Fax <b>202.662.6291</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>David</b>		Family Name or Surname <b>Edwards</b>		
Inventor's Signature		Date		
Residence: City <b>Boston</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address:	<b>171 Commonwealth Avenue, Unit 3</b>			
City <b>Boston</b>	State <b>MA</b>	ZIP <b>02116</b>	Country <b>USA</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Colleen</b>		Family Name or Surname <b>Conlon</b>		
Inventor's Signature		Date		
Residence: City <b>Somerville</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address:	<b>108 Puritan Road</b>			
City <b>Somerville</b>	State <b>MA</b>	ZIP <b>02145</b>	Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box ☐

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (11-30)

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page 1 of 3
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) David L.		Family Name or Surname Foshee	
Inventor's Signature <i>David L. Foshee</i>		Date 1/31/03	
Residence: City Apex	State NC	Country USA	Citizenship USA
Mailing Address: 2450 Laura Duncan Road 4601 Thane Court			
City Apex	State NC	ZIP 27523-27539	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Jason R.		Family Name or Surname Durkin	
Inventor's Signature <i>Jason R. Durkin</i>		Date 1/31/03	
Residence: City Apex	State NC	Country USA	Citizenship USA
Mailing Address: 2450 Laura Duncan Road			
City Apex	State NC	ZIP 27523	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Tim		Family Name or Surname Coker	
Inventor's Signature		Date	
Residence: City Merrimack	State NH	Country USA	Citizenship USA
Mailing Address: 2 Landau Way			
City Merrimack	State NH	ZIP 03054	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Kevin		Family Name or Surname Stapleton	
Inventor's Signature		Date	
Residence: City Boston	State MA	Country USA	Citizenship Canada
Mailing Address: 266 Shawmut Avenue, Apartment 3 Apartment 3			
City Boston	State MA	ZIP 02118	Country USA

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 2 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sarah		Family Name or Surname Dreesen	
Inventor's Signature		Date	
Residence: City Medford	State MA	Country USA	Citizenship USA
Mailing Address: 527 Main Street			
City Medford	State MA	ZIP 02155	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Mark		Family Name or Surname DeLong	
Inventor's Signature		Date	
Residence: City Newton	State MA	Country USA	Citizenship USA
Mailing Address: 266 Grove Street, Apartment 9			
City Newton	State MA	ZIP 02466	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew		Family Name or Surname Jones	
Inventor's Signature		Date	
Residence: City Roslindale	State MA	Country USA	Citizenship USA
Mailing Address: 112 Beech Street			
City Roslindale	State MA	ZIP 02131	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ryan		Family Name or Surname McManus	
Inventor's Signature		Date	
Residence: City Cambridge	State MA	Country USA	Citizenship USA
Mailing Address: 220 Windsor Street, #1			
City Cambridge	State MA	ZIP 02139	Country USA

Please type a plus sign (+) inside this box 

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> <small>Page 3 of 3</small>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Margaret Millar		Family Name or Surname	
		Saunders			
Inventor's Signature			Date		
Residence: City		State		Country	
Cambridge		MA		USA	
Citizenship		USA			
Mailing Address:		P.O. Box 425410			
City		State		ZIP	
Cambridge		MA		02142	
Country		USA			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Robert W.		Family Name or Surname	
		Spaller			
Inventor's Signature			Date		
Residence: City		State		Country	
Amesbury		MA		USA	
Citizenship		USA			
Mailing Address:		356 Main Street			
City		State		ZIP	
Amesbury		MA		01913	
Country		USA			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Andrew		Family Name or Surname	
		Ziegler			
Inventor's Signature			Date		
Residence: City		State		Country	
Arlington		MA		USA	
Citizenship		USA			
Mailing Address:		11 Cedar Avenue			
City		State		ZIP	
Arlington		MA		02476	
Country		USA			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname	
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address:					
City		State		ZIP	
Country					



Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	000166.0109-US01
	First Named Inventor	David Edwards
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/268,059-Conf. #9536
	Filing Date	October 10, 2002
	Art Unit	N/A
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALATION DEVICE AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on 10/10/2002 as United States Application Number or PCT International Application No.

10/268,059

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

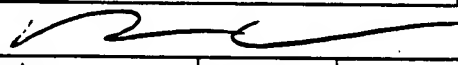

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26853	OR <input type="checkbox"/> Correspondence address below
Name <b>COVINGTON &amp; BURLING</b>				
Address <b>1201 Pennsylvania Avenue, NW</b>				
City <b>Washington</b>	State <b>DC</b>	ZIP <b>20004-2401</b>		
Country <b>USA</b>	Telephone <b>202.662.6000</b>	Fax <b>202.662.6291</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>David</b>		Family Name or Surname <b>Edwards</b>		
Inventor's Signature 		Date <b>1-7-03</b>		
Residence: City <b>Boston</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address:	<b>171 Commonwealth Avenue, Unit 3</b>			
City <b>Boston</b>	State <b>MA</b>	ZIP <b>02116</b>	Country <b>USA</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>Colleen</b>		Family Name or Surname <b>Conlon</b>		
Inventor's Signature 		Date <b>1/7/03</b>		
Residence: City <b>Somerville</b>	State <b>MA</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address:	<b>108 Puritan Road</b>			
City <b>Somerville</b>	State <b>MA</b>	ZIP <b>02145</b>	Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box 


PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>	
				Page 1 of 3	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		David L.		Family Name or Surname	
		Foshee			
Inventor's Signature			Date		
Apex Residence: City		NC State		USA Country	
				USA Citizenship	
Mailing Address:		2450 Laura Duncan Road			
Apex City		NC State		27523 ZIP	
				USA Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Jason R.		Family Name or Surname	
		Durkin			
Inventor's Signature			Date		
Apex Residence: City		NC State		USA Country	
				USA Citizenship	
Mailing Address:		2450 Laura Duncan Road			
Apex City		NC State		27523 ZIP	
				USA Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Tim		Family Name or Surname	
		Coker			
Inventor's Signature <i>Tim Coker</i>			Date 01/07/03		
Merrimack Residence: City		NH State		USA Country	
				USA Citizenship	
Mailing Address:		2 Landau Way			
Merrimack City		NH State		03054 ZIP	
				USA Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Kevin		Family Name or Surname	
		Stapleton			
Inventor's Signature			Date		
Boston Residence: City		MA State		USA Country	
				Canada Citizenship	
Mailing Address:		266 Shawmut Avenue, Apartment 3 Apartment 3			
Boston City		MA State		02118 ZIP	
				USA Country	



Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 2 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sarah		Family Name or Surname Dreesen	
Inventor's Signature <i>Sarah Dreesen</i>		Date 1/7/03	
Residence: City Medford	State MA	Country USA	Citizenship USA
Mailing Address: 527 Main Street			
City Medford	State MA	ZIP 02155	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Mark		Family Name or Surname DeLong	
Inventor's Signature <i>Mark DeLong</i>		Date 1/7/03	
Residence: City Newton	State MA	Country USA	Citizenship USA
Mailing Address: 266 Grove Street, Apartment 9			
City Newton	State MA	ZIP 02466	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew		Family Name or Surname Jones	
Inventor's Signature		Date	
Residence: City Roslindale	State MA	Country USA	Citizenship USA
Mailing Address: 112 Beech Street			
City Roslindale	State MA	ZIP 02131	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ryan		Family Name or Surname McManus	
Inventor's Signature		Date	
Residence: City Cambridge	State MA	Country USA	Citizenship USA
Mailing Address: 220 Windsor Street, #1			
City Cambridge	State MA	ZIP 02139	Country USA

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 3 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Margaret Millar		Saunders	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Cambridge	MA	USA	USA
Mailing Address: P.O. Box 425410			
City	State	ZIP	Country
Cambridge	MA	02142	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert W.		Spaller	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Amesbury	MA	USA	USA
Mailing Address: 356 Main Street			
City	State	ZIP	Country
Amesbury	MA	01913	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew		Ziegler	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Arlington	MA	USA	USA
Mailing Address: 11 Cedar Avenue			
City	State	ZIP	Country
Arlington	MA	02476	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country



<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	000166.0109-US01	
	First Named Inventor	David Edwards	
	<b>COMPLETE IF KNOWN</b>		
	Application Number	10/268,059-Conf. #9536	
	Filing Date	October 10, 2002	
<input type="checkbox"/> Declaration Submitted with Initial Filing	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)			

**As the below named inventor, I hereby declare that:**  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALATION DEVICE AND METHOD

*(Title of the invention)*

the specification of which  
☐ is attached hereto  
OR  
☒ was filed on 10/10/2002 as United States Application Number or PCT International Application No.  
10/268,059 and was amended on  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number


**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26853		OR	<input type="checkbox"/> Correspondence address below
Name <b>COVINGTON &amp; BURLING</b>						
Address <b>1201 Pennsylvania Avenue, NW</b>						
City <b>Washington</b>			State <b>DC</b>		ZIP <b>20004-2401</b>	
Country <b>USA</b>		Telephone <b>202.662.6000</b>			Fax <b>202.662.6291</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>David</b>			Family Name or Surname <b>Edwards</b>			
Inventor's Signature			Date			
Residence: City <b>Boston</b>		State <b>MA</b>		Country <b>USA</b>		Citizenship <b>USA</b>
Mailing Address: <b>171 Commonwealth Avenue, Unit 3</b>						
City <b>Boston</b>		State <b>MA</b>		ZIP <b>02116</b>		Country <b>USA</b>
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Colleen</b>			Family Name or Surname <b>Conlon</b>			
Inventor's Signature			Date			
Residence: City <b>Somerville</b>		State <b>MA</b>		Country <b>USA</b>		Citizenship <b>USA</b>
Mailing Address: <b>108 Puritan Road</b>						
City <b>Somerville</b>		State <b>MA</b>		ZIP <b>02145</b>		Country <b>USA</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

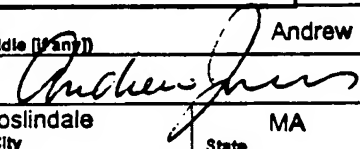
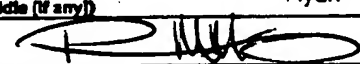
<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> <small>Page 1 of 3</small>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		David L.		Family Name or Surname	
		Foshee			
Inventor's Signature			Date		
Residence: City	Apex	State	NC	Country	USA
Mailing Address:	2450 Laura Duncan Road				
City	Apex	State	NC	ZIP	27523
				Country	USA
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Jason R.		Family Name or Surname	
		Durkin			
Inventor's Signature			Date		
Residence: City	Apex	State	NC	Country	USA
Mailing Address:	2450 Laura Duncan Road				
City	Apex	State	NC	ZIP	27523
				Country	USA
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Tim		Family Name or Surname	
		Coker			
Inventor's Signature			Date		
Residence: City	Merrimack	State	NH	Country	USA
Mailing Address:	2 Landau Way				
City	Merrimack	State	NH	ZIP	03054
				Country	USA
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Kevin		Family Name or Surname	
		Stapleton			
Inventor's Signature			Date		
Residence: City	Boston	State	MA	Country	USA
Mailing Address:	266 Shawmut Avenue, Apartment 3 Apartment 3				
City	Boston	State	MA	ZIP	02118
				Country	USA

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

PTO/SB/02A (11-00)

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 2 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sarah		Family Name or Surname Dreesen	
Inventor's Signature		Date	
Residence: City Medford	State MA	Country USA	Citizenship USA
Mailing Address: 527 Main Street			
City Medford	State MA	ZIP 02155	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Mark		Family Name or Surname DeLong	
Inventor's Signature		Date	
Residence: City Newton	State MA	Country USA	Citizenship USA
Mailing Address: 266 Grove Street, Apartment 9			
City Newton	State MA	ZIP 02466	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew		Family Name or Surname Jones	
Inventor's Signature 		Date 01/15/03	
Residence: City Roslindale	State MA	Country USA	Citizenship USA
Mailing Address: 112 Beech Street			
City Roslindale	State MA	ZIP 02131	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ryan		Family Name or Surname McManus	
Inventor's Signature 		Date 01/15/03	
Residence: City Cambridge	State MA	Country USA	Citizenship USA
Mailing Address: 220 Windsor Street, #1			
City Cambridge	State MA	ZIP 02139	Country USA

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. CMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 3 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Margaret Millar		Family Name or Surname Saunders	
Inventor's Signature <i>Margaret M. Saunders</i>		Date 1/15/03	
Residence: City Cambridge	State MA	Country USA	Citizenship USA
Mailing Address: P.O. Box 425410			
City Cambridge	State MA	ZIP 02142	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Robert W.		Family Name or Surname Spaller	
Inventor's Signature <i>Robert W. Spaller</i>		Date 1/15/2003	
Residence: City Amesbury	State MA	Country USA	Citizenship USA
Mailing Address: 356 Main Street			
City Amesbury	State MA	ZIP 01913	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew		Family Name or Surname Ziegler	
Inventor's Signature <i>Andrew Ziegler</i>		Date 1/15/03	
Residence: City Arlington	State MA	Country USA	Citizenship USA
Mailing Address: 11 Cedar Avenue			
City Arlington	State MA	ZIP 02476	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country



PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing

OR

☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 000166.0109-US01

First Named Inventor David Edwards

**COMPLETE IF KNOWN**

Application Number 10/268,059-Conf. #9536

Filing Date October 10, 2002

Art Unit N/A

Examiner Name Not Yet Assigned

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALATION DEVICE AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 10/10/2002 as United States Application Number or PCT International Application No.

10/268,059

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

Customer Number  
or Bar Code Label

26853

OR ☐

Correspondence address below

Name **COVINGTON & BURLING**Address **1201 Pennsylvania Avenue, NW**City **Washington**State **DC**ZIP **20004-2401**Country **USA**Telephone **202.662.6000**Fax **202.662.6291**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

David

Family Name  
or Surname

Edwards

(first and middle (if any))

Inventor's  
Signature

Date

Residence: City **Boston**State **MA**Country **USA**Citizenship **USA**Mailing  
Address:**171 Commonwealth Avenue, Unit 3**City **Boston**State **MA**ZIP **02116**Country **USA**

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

Colleen

Family Name  
or Surname

Conlon

(first and middle (if any))

Inventor's  
Signature

Date

Residence: City **Somerville**State **MA**Country **USA**Citizenship **USA**Mailing  
Address:**108 Puritan Road**City **Somerville**State **MA**ZIP **02145**Country **USA**Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☐

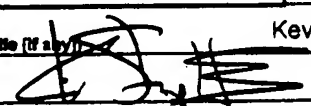
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) David L.		Family Name or Surname Foshee	
Inventor's Signature		Date	
Residence: City Apex	State NC	Country USA	Citizenship USA
Mailing Address: 2450 Laura Duncan Road			
City Apex	State NC	ZIP 27523	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Jason R.		Family Name or Surname Durkin	
Inventor's Signature		Date	
Residence: City Apex	State NC	Country USA	Citizenship USA
Mailing Address: 2450 Laura Duncan Road			
City Apex	State NC	ZIP 27523	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Tim		Family Name or Surname Coker	
Inventor's Signature		Date	
Residence: City Merrimack	State NH	Country USA	Citizenship USA
Mailing Address: 2 Landau Way			
City Merrimack	State NH	ZIP 03054	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Kevin		Family Name or Surname Stapleton	
Inventor's Signature 		Date 14-Jan-08	
Residence: City Boston	State MA	Country USA	Citizenship Canada
Mailing Address: 266 Shawmut Avenue, Apartment 3 Apartment 3			
City Boston	State MA	ZIP 02118	Country USA

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 2 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sarah		Family Name or Surname Dreesen	
Inventor's Signature		Date	
Residence: City Medford	State MA	Country USA	Citizenship USA
Mailing Address: 527 Main Street			
City Medford	State MA	ZIP 02155	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Mark		Family Name or Surname DeLong	
Inventor's Signature		Date	
Residence: City Newton	State MA	Country USA	Citizenship USA
Mailing Address: 266 Grove Street, Apartment 9			
City Newton	State MA	ZIP 02466	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew		Family Name or Surname Jones	
Inventor's Signature		Date	
Residence: City Roslindale	State MA	Country USA	Citizenship USA
Mailing Address: 112 Beech Street			
City Roslindale	State MA	ZIP 02131	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ryan		Family Name or Surname McManus	
Inventor's Signature		Date	
Residence: City Cambridge	State MA	Country USA	Citizenship USA
Mailing Address: 220 Windsor Street, #1			
City Cambridge	State MA	ZIP 02139	Country USA

Please type a plus sign (+) inside this box ☐

PTC/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 3 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Margaret Millar		Saunders	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Cambridge	MA	USA	USA
Mailing Address: P.O. Box 425410			
City	State	ZIP	Country
Cambridge	MA	02142	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert W.		Spaller	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Amesbury	MA	USA	USA
Mailing Address: 356 Main Street			
City	State	ZIP	Country
Amesbury	MA	01913	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew		Ziegler	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Arlington	MA	USA	USA
Mailing Address: 11 Cedar Avenue			
City	State	ZIP	Country
Arlington	MA	02476	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country